

The results for October 1980 indicate that while Australian academics at the bottom of the lecturer scale enjoy a real salary 64% higher than that of their United Kingdom counterparts, professors have the same real salary in both countries. On average Australian academics are about 16% better off than their United Kingdom colleagues. If we assume in addition that the United Kingdom academics in the comparison have an average mortgage of \$16,400, then as a result of tax relief on interest payments their relative position at all levels improves by about 5%.

Table 5 also illustrates the very significant changes which occurred between 1976 and 1980 in the comparative real salaries of academics in the two countries. United Kingdom academics have improved their position by approximately 17% in relative terms. Moreover, this improvement in relative terms seems to have taken place fairly consistently at all levels in academic life except at the very bottom, where the proportionate change is smaller.

MEMBERSHIP OF POLICY-DETERMINING COMMITTEES IN THE UNIVERSITY AND MEDICAL SCHOOL

Socio-political pressures have widened representation on university policy-making committees, and insidious erosion of traditions of scholarship is apparent. Criteria for deciding who should determine policy in universities and medical schools should be reviewed, and the nature and function of these institutions re-established as educational centres where reason should be "one's only judge of values and one's only guide to action". Hence membership of academic committees should be determined by rational deliberation, for the best committee has the best chance of making the wisest decisions.

Nature and Function of the University

Logic and reasoned debate in the search for truth characterised the educational milieu of early universities. Verification of hypotheses (i.e. research)

NOTES

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1. Keith Norris and Martin Cave: 'A comparison of real salaries of university academics in Australia and the United Kingdom', *Vestes*, Vol. 20, No. 2 (1977), pp. 52-57.
2. Salaries operating in the United Kingdom in October 1980 were 'under review', i.e. subject to subsequent back-dated adjustment. We have not taken this into account. An increase in Australian academic salaries was also announced in November 1980.
3. Our analysis ignores child benefits payable in both countries, since they are at comparable levels.
4. In our previous study all Australian price data were collected in Sydney. In this case prices were found in Melbourne, but to maintain comparability we use Sydney house prices.

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gradually assumed a vital role. Today it is generally agreed that the university's function is research and education. Emphasis now falls on undergraduate teaching, an often didactic process concerned with transmission of knowledge. In medical schools a major hospital service commitment has emerged in clinical and paraclinical departments². Training students to be doctors is often considered the primary objective with medical education infiltrated by the spirit of the trade school. This concerns those who value the university's traditional role for training and didactic instruction inhibit intellectual development³. Tertiary education should induce students to think logically, critically and precisely and to desire, recognise and pursue the first-rate. Human biology and medical science are the medium in which medical education takes place. This goal serves the

community's interests and provides a better foundation for future careers⁴. The search for truth is basic to the concept, and advancement of knowledge rather than its communication is the primary business of the university, the former being essential, the latter incidental. However, universities often pay lip service to research regarding it as a reward for service and teaching, the overwhelming demands of which can virtually preclude worthwhile research. If faculty members are to be other than purveyors of second-hand information then research must receive more sustained support. It has an educational effect on the investigator and provides that scientific spirit of enquiry essential for the intellectual development of staff and students⁵. Medical education should be an objective study of medical science with principles of dispassionate reason employed as the means by which the study is presented and the philosophy of the university effected⁴. By research and the appraisal of evidence and ideas, the education of students is best achieved, for it is not the inculcation of knowledge but the acquisition of an attitude of critical, logical thought and reasoning in the process of absorbing and using knowledge, that is education. Such intellectual development enables students to "excel in practical judgement and knowledge of life"⁶.

Once regarded as institutions for the intellectual elite, current socio-political pressures would have universities as public service institutions totally practical and utilitarian, with medical schools existing solely for training doctors to provide medical care. The public, students, and many of the staff, not understanding the university's educational role, misguidedly adhere to the vocational training concept. Staff concede the need for intellectual development but a lack of commitment to the philosophy is apparent.

Membership of Policy-Determining Committees

Committee members must be carefully selected. Inappropriate decisions by ill-constituted committees adversely affect institutions for generations, with the ill-effects not always immediately perceived.

Student Membership

Student membership of academic committees is customarily and widely defended. It defuses student pressure, but such political expediency is betrayal of academic integrity on a fundamental issue⁷. Students should play no role in university decision-making being "by definition in the context of academic affairs at the level of higher education, unqualified⁸. They come for education, not to direct the staff. Acquiescence to student representation brings continued pressure for greater representation. Overseas, students have demanded 33% representation on academic committees⁹⁻¹¹. The National Union of Students in Britain in 1972 called for equal representation of Trade Unions and local community interests¹¹, and advocated equal staff-student representation in determining departmental matters¹². Others contend the medical faculty should

consist of doctors, students, nurses and technicians with equal voting power¹⁰. Such representation would destroy university integrity.

The case against student representation has been argued cogently elsewhere⁷. Undergraduate students are not prerequisite to a university. The academic staff is the only indispensable group. Though, historically, students were constituent members of some ancient universities, it does not follow that they should be involved in academic policy decisions. As members of a family young children have no authority in decisions regarding their education or up-bringing. Their expressed opinions may be considered and further maturation, experience and achievement may bring respect for their judgement and input into decisions. Each member of the academic community has a certain status and role, and it is impossible to regard all as equally competent to judge. It is logistically impossible for everyone, or every interest group to participate in all decision-making, responsibility for which must be rationally delegated to those most able to reach the wisest decision.

The opinions of 300 medical students on medical education, published by Older and Cloud-Sinton¹³, would undoubtedly lower university and professional standards if instituted. Usurpation of staff authority on academic matters should be rebuffed, for students do not carry the responsibility, and authority without responsibility is incongruous. Students characteristically oppose the *status quo* and the dangerous cliché that student and teacher learn from each other, downgrades the teacher's role and reveals student conceit¹⁴. If partners they be, they are unequal in ability, achievement and qualifications, and in suitability to determine policy. Student membership is irrational and discriminatory against academic staff. The student voluntarily comes as a student and must, therefore, be prepared to be a student with all that the role entails until he earns otherwise by personal achievement.

There is pressure for the university to provide neighbourhood clinics and wide social, educational, cultural and advisory services¹⁰. Most students at some time express concern about inadequacies of community health care, incorrectly implying it is the staff's responsibility. Hospital services already threaten the future of some academic disciplines, and additional duties would endanger recruitment. The university is for research and academic education — not for the provision of community services. Yet the community is served best when students are truly educated, and when the university pursues its goal to the highest possible level of achievement. "Universities can only preserve their identity if they steer by the compass of the academic; without it, their increasing involvement with society makes them helpless pursuers of incoherent desirabilities"¹⁵.

General Public

It is argued that medical schools, supported by public moneys, are servants of the community and taxpayers, as users of medical services for which the schools 'train' doctors, should determine the orientation of medical education and staff responsibility. Doctors provide medical care for the community, but it does not follow that the community is capable of determining the goals of medical education, or what constitutes the best sort of doctor. The opinions of individuals would, if adequately evaluated and plotted on a graph, form a normal or Gaussian curve. Subnormals should be ignored and, by extension, the bulk of 'normal' opinion, at best mediocre, should also be ignored. The concept that the public should have any say in university administration and educational policy is fallacious, however consistent with egalitarian doctrine. Democracy should aim at just and rational allocation of authority in society, and any concept of democracy that insists all men have an equal voice in policy-making decisions requiring expert knowledge is neither feasible, rational nor practical. Town-and-gown conflicts are historical fact, and many universities would not exist today if their academic preserve had not been staunchly defended.

Medical Practitioners

Doctors, more experienced than students or the public, derive their livelihood by providing medical care, and their approach in academic matters would not in general be consistent with the university's aims and philosophy. Exceptional individuals may contribute worthwhile opinions, but the expertise of community practitioners lies elsewhere.

University and Medical School Staff

Staff, like universities and departments, vary in quality. Acceptance of consensus views is to accept mediocrity and, as one aim of the university is the pursuit of excellence, only the less numerous but more informed opinions should be sought. In academia, canvassing the opinions of every Tom, Dick and Harry should not be contemplated when educational policies are determined. University debate is not always rational and objective; views are frequently influenced by prejudice, politics and emotions, but objectivity and reason should prevail.

An atmosphere of scientific inquiry is essential to the environment in which good medical education thrives⁵. Therefore, medical schools and teaching hospitals should provide the optimum educational environment and house leaders in thought and scholarship in human biology and clinical science¹⁶. Academic staff chosen for achievement could implement the educational goals advocated, but in medical schools, there is a lack of differentiation between academic medicine and the practice of medicine,² between the academic and the practitioner, thus compounding the lack of differentiation between educational and vocational goals. To Flexner¹⁷, the difference between scientifically-orientated staff

and practitioners of the art was of kind, not of degree and Lewis¹⁸ considered that clinical practice, far from taxing the intellect, was destructive to logical thinking, and that an atmosphere of vocational training was ill-suited to the advancement of science. The 'teacher', however highly suited to vocational training of physicians, is less of an educator if not academic in approach. Training programmes for specialist qualifications almost preclude the development of medical investigators of distinction¹⁹ and are undertaken at an age when the intellect is particularly productive and amenable to scientific influences. Routine clinical requirements, therefore, actively discourage further academic development. Medical schools should be in a university where basic science departments counterbalance clinical departments but, currently, non-academic medical staff of teaching and affiliated hospitals acquire faculty appointments and numerically dominate medical faculties and thereby all decisions. Non-medical faculties feel threatened. Salary differentials disadvantage the basic sciences so their recruitment of medical graduates is difficult. These trends are not conducive to the pursuit of the university's educational goals — a factor of particular concern since the education cannot rise above the intellect and educational level of the staff²⁰.

Universities seek heads of departments with more care than sub-professorial staff, and appointments to Chairs are allegedly based on qualifications, experience and achievement. While academic qualifications as distinct from specialty qualifications should be a prerequisite for senior academic posts, they are often waived because of expediency, with emphasis on extraneous euphemisms such as seniority, empathy with the institution, stature, experience, personality, flexibility and compatibility. Moreover, selection committees often favour 'safe' candidates, but scientists of renown rarely conform intellectually and are impatient with platitudes, conventional wisdom and mediocrity and, as such, may be excluded because of 'unsuitable' profiles². Thus, academic advancement of achievers is often dependent on university politicians and non-achievers.

Teachers popular with students but with little academic achievement have proliferated recently and can serve a useful function, in view of the current shortage of "true investigators"²⁰. However, they have no place in academic decision-making and should never be appointed to the headship of a department. Welch²¹ declared that the not uncommon ability to impart second-hand knowledge fluently and skilfully was not to be compared with the inspiring quality of original investigators despite defects of delivery and that...

A medical school and university cannot expect to fill all its Chairs with men with genius for discovery — but every effort should be made to secure as occupants of these Chairs the ones who have demonstrated the greatest capacity to advance knowledge by original investigation

and the ability to stimulate research. Until the principle is more fully and generally recognised and acted on in the selection of heads of departments, our medical schools, as a class, will not become important contributors of knowledge.

Departmental staff are in varying stages of development, and can attain higher positions by virtue of academic achievement. Some, less ambitious, content with their lot, or perhaps less able, remain in posts of some seniority. Chairmanships should be reserved for the most able, and their intellectual, academic and scientific achievements must deserve the respect of subordinates, who should be challenged to emulate or better them. The authority and responsibility for academic matters should be entrusted to the appointee, consultation and delegation of duties within the discipline being his prerogative.

Yet, at times, academic matters are determined by a committee in which departmental heads have minimum representation or influence no greater than that of a student. Committees of elected junior staff usurp authority for determining policies, leaving departmental heads with the responsibility. This flies in the face of logic, endangering the university and the intellectual development of future academics. With the erosion of professorial and departmental responsibilities, there is call for change, and the introduction of untried and scientifically unproven concepts in teaching and assessment. The traditional university hierarchy is the rational administrative organisation when the staff is of appropriate calibre, but the supply is limited in some disciplines. Expedience leads to inappropriate appointments and erosion of standards, but allowing such personnel to influence policy, or to elect representatives for policy-making committees, furthers the corruption. The choice of staff, whether clinical or non-clinical should depend on scientific attainment. It may not be possible to obtain those with a genius for significant discovery but others, who are practitioners of the scientific method and imbued with university ideals, will preserve it intact. Such persons are in the minority in medical schools and their voices and opinions drowned by a caucus of pseudo-academics. Leadership requires

not masters of politics and compromise who can effect change but, rather, intellectual leaders capable of reason and logic for they can effect progress²²

and establish principles for guidance in academic endeavours.

Key university staff are: (1) the chief executive officer (Vice-Chancellor or President), (2) Faculty Deans and (3) Departmental Chairmen. All must be imbued with the university philosophy, academic achievers of the highest calibre, and able to appreciate the conditions necessary to foster intellectual and scientific originality. Decision-making on academic matters should rest with them, but this does not preclude departmental discussion of policy.

The *raison d'être* of the administration, answerable to the Vice-Chancellor and professorial representatives, is to centralise and co-ordinate efficiently and expeditiously all general business concerning clerical, building and maintenance work. It is not to delegate academic duties but to facilitate the work of academics and to relieve them of bureaucratic chores¹⁶. Distinction between business and academic management must be clear, for executives of the business sector are rarely well-qualified academically and must not usurp a role for which most are essentially ill-prepared and inexperienced.

The Vice-Chancellor and professorial board are ultimately answerable to the university council (senate, board of governors), consisting of proven achievers cognisant of and sympathetic with the university's role in society. The senate (council) selects the Vice-Chancellor and they in concert set the tone and determine university standards. Their role is to maintain university ideals and philosophy in the face of transient political and socio-economic pressures, and to raise funds, control property and attend to legal affairs and public relations. It is not to issue directives to academic staff on academic matters, but rather to receive recommendations from academic staff and to deliberate on their worth. Ashby declared that it is the inalienable right of academics to govern academic affairs²³.

The trend towards group responsibility and authority at the expense of the individual is discernible in universities but transfer of authority without responsibility to committees of staff and students of varying seniority and ability is illogical. Consensus decisions are mediocre or worse. Original ideas stem from individuals and committees are seldom receptive to them. Individualism must be fostered and not subjected to the conformist dictates of collective decision-making if academic freedom of the thinking man is valued. This egalitarianism does not serve the university well and

carried far enough, it means the lopping off of any heads which come above dead level. It means committee rule, the individual smothered by the group and the end of that striving for excellence which has produced mankind's greatest achievements²⁴

In a university, as anywhere, the original mind is in the minority and the greater the originality the smaller the minority. It is contrary to university goals to permit such minorities anything but freedom of thought and choice of action. Elected representatives are most likely conformists reflecting the unreasoned fashions of the times, which are not what has made universities great. Every committee member with responsibility for determining policy which can affect the university's academic role in society must be selected according to his ability to foster these ends, and not by virtue of position, age, seniority, popularity or political leverage. Academic achievements are the products of an analytical, logical and critical mind — precise, imaginative, honest and with an appreciation

of quality and the need for thoroughness. The academic can apply himself to practical affairs⁶ and if universities are for the intellectual elite, they must be guided by the elite, for these individuals, even if they do not always know best, will know better than other contenders.

The development of the Johns Hopkins Medical School illustrates the point. Johns Hopkins, a shrewd and highly successful merchant banker, personally selected trustees according to their demonstrated ability, commissioning them 'to obtain advice and assistance of those at home and abroad who had achieved the greatest success'. Gilman, the first President, implemented this idea master-minding the endeavour²⁵, and selecting key personnel on the basis of scientific achievement. The spirit of enquiry which dominated the school, the select hierarchy, the considerable freedom of action, and an unobtrusive administration established the Johns Hopkins in less than 10 years as one of the world's leading medical schools. The key to success was the emphasis on quality and discrimination between 'men of mark' and second-raters²⁶. Universities, when they cease the pursuit of excellence and do not insist on merit as an inflexible guideline for selection and reward, fail in their responsibility to society. Australia and New Zealand both desperately need a medical school which will bear comparison with the best of overseas schools. Improvement will follow pursuit of the ideal. Continuing to follow the present course of events which is the very antithesis of the model here outlined, will not lead to success.

Conclusion

Government of universities and medical schools should depend on a rational policy, with the university philosophy foremost and decision-making determined by the rational debate of carefully selected committee members rather than by political expediency. The right to committee membership must be earned by academic and intellectual achievement of the highest order for the personal and intellectual characteristics required in their attainment are those which best equip a candidate to foster the environment conducive to the maximum development of the intellect and originality of staff and students. Intellectual and academic achievement remain the only yardstick of individual suitability for academic staff positions, and also for membership of university policy-making committees, if quality is the aim. The method is tried and proven. Current trends away from these requirements are affecting universities and medical schools adversely.

REFERENCES

1. Rand, A. *The Virtue of Selfishness*, New York, New American Library, 1964.

2. Stehbens, W. E. An Appraisal of Academic Pathology and an Outline for its Reorganisation, *New Zealand Medical Journal*, 83, 119, 1976.
3. Harvey, S. C. The Objectives of Medical Education. *Yale Journal of Biology and Medicine*, 13, 847, 1941.
4. Stehbens, W. E. Medical Education: Its Nature, Goals and Assessment. *New Zealand Medical Journal*, 88, 448, 1978.
5. Stehbens, W. E. The Value of Research: Its Implications for the Wellington Cancer and Medical Research Institute. *New Zealand Medical Journal*, 81, 346, 1975.
6. Moberly, W. *The Crisis in the University*, London, SCM Press, 1949.
7. Stehbens, W. E. Student Representation on Academic Committees of Medical Schools. *Medical Journal of Australia*, 2, 136, 1979.
8. Miller, T. Reduce Student Representation. *Times Higher Education Supplement*, 16 July, 1972, p. 1.
9. Totten, M. Grimon Review Calls for Control by Academics. *Times Higher Education Supplement*, 21 January, 1972, p. 24.
10. Krevans, J. R. and Condliffe, P. G. *Reform of Medical Education*. National Academy of Sciences, Washington, 1970.
11. MacArthur, B. Students Resolve to Break Down Professor Power. *Times Higher Education Supplement*, 1 December 1972, p. 6.
12. Ashley, E. and Anderson, M. *The Rise of the Student Estate in Britain*. Macmillan, London, 1970.
13. Older, J. and Cloud-Sinton, C. Medical Students Design their Ideal Medical School. *New Zealand Medical Journal*, 84, 239, 1976.
14. Barzun, J. *The American University*. New York, Harper and Row, 1968.
15. Minogue, K. R. *The Concept of a University*. London, Weidenfeld and Nicolson, 1973.
16. Stehbens, W. E. The Role of the University in the Administration of the Teaching Hospital. *The Australian University*, 13, 228, 1975.
17. Royal Commission on University Education in London. *Final Report of the Commissioners*, London, H.M.S.O., 1913.
18. Lewis, T. Research in Medicine: Its Position and its Needs. *British Medical Journal*, 1, 479, 1930.
19. Editorial, Where Are All the Scientists Going. *Lancet*, 2, 1163, 1977.
20. Rickover, H. G. *American Education — a National Disaster*, New York, E. P. Dutton and Co., 1963.
21. Welch, W. H. Medicine and the University. *Science*, 27, 8, 1908.
22. Stehbens, W. E. Good Medicine: the Place of Pathology. *New Zealand Medical Journal*, 86, 271, 1977.
23. Ashby, E. Decision-making in the Academic World. *Sociological Review*, Monograph 7, 5, 1963.
24. Gardner, J. W. *Excellence*. New York, Harper and Brothers, 1961.
25. Turner, T. B. The World of Values: Reflections on the History of the Johns Hopkins Medical Institutions. *The Johns Hopkins Medical Journal*, 136, 226, 1975.
26. Turner, T. B. History of Medical Education at Johns Hopkins. *The Johns Hopkins Medical Journal*, 139, 27, 1976.

THE UNIVERSITY AND THE STATE: PREPARING ITS LEADERS AND PLAYING ITS TUNE?¹

An academic approaching the end of his useful life has a regrettable tendency to become in Horace's words a *laudator temporis acti se puero*, one who sees only good in what went on when he was a boy, at least in matters educational. The temptation to believe that a system which produced oneself must be the best of all possible systems is hard to resist. Nevertheless in moments of clear rational thought — and those moments are probably as rare amongst professional academics as they are elsewhere in the community — the insistence of one question hammers away at our brains: "Was the past so good after all?"

Universities in my own lifetime have changed quite remarkably and the change has to do with the very essence of the university. In the nineteen thirties they still had some relationship to the medieval concept of such institutions. They were in essence communities of scholars concerned primarily with the pursuit of knowledge. In saying this, I make no judgment about how available universities were to the people. I am simply saying that those who were lucky enough to be admitted to such communities of scholars would in large part subscribe to the view that scholarly and scientific investigation was their main purpose. And it was to such a community that I was admitted as an undergraduate. Nevertheless, one only had to look around to see that such lofty ideals were not universally held within the community of undergraduates and graduates with whom one lived. It soon became apparent that many who were admitted to the community of scholars regarded such admission as the right of a gentleman. And a gentleman could be quite simply defined. He was a man with ample funds at his disposal. (And I say a man advisedly, for when I was an undergraduate, women were not allowed to enjoy full membership of the university community.)

It has to be admitted that by the end of the nineteen thirties attendance at universities was to a very large extent confined to two groups, those who could afford it and those whose academic ability had enabled them to survive the rigours of a series of examinations designed to eliminate all but the most persistent of the intellectually gifted. These two groups were not mutually exclusive. The poor have not the sole claim to intellectual distinction, nor were those whose parents were paying fees always wealthy. For middle-class parents often went to great sacrifice to permit their children to benefit from a university education. There were two reasons for such financial sacrifice. One was that a large number of parents

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could see the genuine, intrinsic value of such an education and, in many instances, regretted having been denied it themselves. But it cannot be denied that there was a second motive at work. The possession of a university degree was to many the basic ingredient in the recipe for a successful consummation of social aspiration. I believe I am supposed to call this "the realisation of upward social mobility" these days.

The war changed all this. In 1945 men and women, who had had a lifetime's experience in five years, were knocking at the doors of our universities. For the first time a university education was a possibility for those who would have dismissed the very idea as an unattainable pipe-dream in the nineteen-thirties. Financial constraints had patently become less of a burden, for government grants had suddenly become, if not freely available, at least available on a fairly generous scale to a large part of the community. And these men and women were mostly between 23 and 30 years of age with a wealth of experience of life behind them. It was they who caused the great change in the university community, for they brought to our universities a practical experience of life and an insistence that every opportunity for learning should be grasped and savoured to the full. More important, it was this generation who perceived first that the university was a national institution, open to all and no longer the preserve of the clever and the wealthy. The people were now concerned in the conduct of universities, they wanted to know what went on in such places and they were determined to find out. But the people in a democracy elect representatives to act on their behalf and so the parliament, both Government and Opposition, became involved in the continuing provision of funds for academic institutions.

We have now entered that phase of university politics with which we are all familiar, the essential feature of which is the need to maintain the independent nature of our universities while gratefully accepting funds from our paymasters who, it might reasonably be thought, have a right to know what is being done with their money and also perhaps a right to say what ought to be done with it. I imagine it is unnecessary to point out that their money is our money. But this truism perhaps does require a moment's thought. For what we are really saying is that each one of us, through our parliamentary representatives, has a right to know exactly what is going on in teaching and research universities.

1. This is an edited version of an address given to St Albert's College, University of New England, on 6 June 1980.